Data collection for the mandatory CCORP program is progressing at most hospitals and we've received several questions from hospitals that deserve a concise response. Many of these answers may be found in program documentation on our website (http://www.oshpd.state.ca.us/hqad/ccorp/), but we can clarify several points in plain language.

Data reporting periods and due dates

Hospitals must file a report with the *Office* (Office of Statewide Health Planning and Development – OSHPD) for each of two reporting periods during the calendar year. The first reporting period is for CABG surgery patients discharged between January 1 - June 30 and the second period is for patients discharged between July 1 - December 31.

The due date for filing a report is 90 calendar days after the end of the reporting period. When a report due date is a Saturday, Sunday or a state-observed holiday, the report due date is the next business day. **The first CCORP data submission is due on September 29, 2003**. The second CCORP data submission, which will finish off the 2003 data year, is due on March 30th, 2004

The report is considered to be filed on either: 1) the date the report is postmarked by the U.S. Postal Service; 2) the date the report is dated by a commercial carrier; 3) the date the Office receives the report via hand delivery; or 4) the date when the report is otherwise received by the Office.

What cases we are collecting and why

We are collecting data on all coronary artery bypass patients, whether they had other procedures or not (e.g., valve, transplant, carotid endarterectomy). However, we will not be publishing risk-adjusted mortality results for these cases. **That is, cases included in a hospital or surgeons public quality rating will NOT include complicated CABG cases**. We are collecting non-isolated CABG cases for research purposes and to have for referral when questions arise about the coding of a particular case. The law also requires that we collect data on all CABG cases, isolated or otherwise.

Will there be any more changes to requirements for 2003 data?

There will be no further changes to the data requirements at this time, but we cannot say that there will be no program changes. There may have been errors with the requirements that our staff overlooked or additional clarifications that may need adding at a later date. The regulations that govern this program have undergone extensive review and the final regulations package has been submitted to the OAL (Office of Administrative Law) for filing with the Secretary of State. The regulations (California Code of Regulations, Title 22, Division 7, Chapter 10, Article 7, Sections 97170-97198) can be seen at

http://www.oshpd.state.ca.us/hqad/ccorp/aboutus/lawsRegs.htm#Current with all the mark-ups (i.e. strike-throughs and underlines) are the final regulations. Once published in the Notice Register, we will be replacing these with a clean copy.

A quick review of data format requirements and reporting of data

1. To understand our data specifications, your hospital must first decide whether it will use STS software, its own system, or the CCORP tool to collect data. Please visit our website at http://www.oshpd.state.ca.us/hqad/ccorp/resources/Tools.htm to help you decide which is best for you. Each method has its own specifications.
    a. If you use STS, your vendor should provide you a California reporting module, incorporating the custom fields and export format necessary. These specifications are on the website at http://www.oshpd.state.ca.us/hqad/ccorp/resources/STSVendorPacketRev_3-4-03.pdf. OSHPD has been working with all California STS vendors to keep these updated.
    b. If you choose to develop an in-house system, the in-house specifications are at http://www.oshpd.state.ca.us/hqad/ccorp/resources/InHouseToolPacket_03-03-03.pdf Please only undertake this if you have the IT resources to provide a compliant file. **If you choose option b, you must send us a test data file and have it approved well before the data submission due date of September 29th, 2003.** A paper data abstraction form is available (http://www.oshpd.state.ca.us/hqad/ccorp/resources/AbstractReportingFormIn-house.pdf) for you to record cases while developing your system.
    c. If you use the free CCORP tool, data specifications are incorporated and data reporting is highly automated. A paper data abstraction form is available (http://www.oshpd.state.ca.us/hqad/ccorp/resources/AbstractReportingFormCCORPTOOL.pdf) for you to begin recording records without the tool.
2. You must submit your data via US postal, courier mail, or hand carry. Along with the data, forms must be submitted. These forms include signed Surgeon Certification forms (certifications by all surgeons whose cases are represented in the data) and a Hospital Certification form (signed by the hospital administrator).
3. The data is due as mentioned above. Hospitals are granted one automatic 10-day extension for a report not filed by the due date. Hospitals are granted extensions for no more than 30 days per report, and no more than 3 extensions per report. After one automatic extension has been granted, you must formally request any further extensions necessary. Requests for an extension must be filed on or

before the due date of a report and supported by written justification for the extension request to be approved. If the hospitals has been granted an extension, the Office will notify the hospital of the new due date for the report. If you neglect to request an extension or submit data after a due date, your hospital will begin accruing a $100 a day fine. See section 97178 of the regulations regarding report extensions, and section 97198 regarding hospital fines.

The CCORP clinical definition of isolated CABG

Since hospital and surgeon 'report cards' will only be based on isolated CABG cases, understanding how to correctly apply this definition is critical, especially since the mortality rate for non-isolated CABG surgeries is higher than that for isolated (CABG-only) cases. Some points to remember:

1. Isolated CABG is a separate data element for CCORP, found in a number of documents produced by OSHPD and online.
2. It is NOT the same as the STS 'CABG-only' definition, though quite similar. A couple of important areas in which it differs are: a) Transmyocardial Laser Revascularization (TMR) with CABG is considered isolated by CCORP, while it is classified as non-isolated by STS; b) Automatic Implanted Cardioverter Defibrillator (AICD) placement simultaneous with CABG is considered isolated by CCORP but non-isolated by STS.
3. There is plenty of room for disagreement on what constitutes an isolated-CABG case, even with a good clinical definition. When you have questions, the CCORP consulting cardiologist will review the case (we may require medical record documentation) and make a decision.
4. We are compiling a list of questions and answers regarding specific cases that we will soon be posting to the CCORP website.

How is CCORP (the mandatory program) different from CCMRP (the voluntary program)?

Other than the obvious (it's mandatory), the main differences you need to plan for are:

1. CCORP, unlike CCMRP, will NOT accept data submissions that don't meet written specifications. If the formatting is wrong, we will return the data without review. For example, all data fields can only contain certain specified values, they must be in a specified order in the data file, and the file logical format must be comma-delimited ASCII (no Excel files, Access files, etc.).

2. CCORP collects data on all CABG surgeries, not just isolated cases like CCMRP.
3. CCORP requires signed surgeon and hospital CEO certification forms with data report submissions to OSHPD.
4. CCORP will report physician-level results every other year, beginning in 2006, based on two data years (e.g., 2003-2004) combined. Hospital results will be reported every year, beginning in 2005.
5. CCMRP was jointly directed by the Pacific Business Group on Health (PBGH) and OSHPD. PBGH has no role in CCORP, which is carried out solely by state government (OSHPD).